



Application for Membership

160 Mohegan Drive, West Hartford, CT 06117

860-236-1275 - www.emanuelsynagogue.org

Today's Date _____

So we may best assist you to get the most out of your membership, please complete all application pages

Adult #1

Adult #2

Your name:	Spouse/Partner's name:
Circle one: Mr. /Mrs. /Miss /Ms. /Dr.	Circle one: Mr. /Mrs. /Miss /Ms /Dr.
Date of Birth:	Date of Birth:
Circle one: Married /Single /Partner/Divorced / <u>Widow(er)</u>	Circle one: Married /Single /Partner/Divorced / <u>Widow(er)</u>
Home Address:	
Street & Number _____	
City _____ State _____ Zip _____	
Home phone# _____	
If married, list your anniversary date and year: _____	
If both Adults are not Jewish, please indicate name of Jewish adult member: _____	
Primary Email:	Primary Email:
Cell Phone:	Cell Phone:
Occupation:	Occupation:
<ul style="list-style-type: none"> • Business Name: <ul style="list-style-type: none"> ○ Address: ○ Phone: ○ Email: ○ Website: 	<ul style="list-style-type: none"> • Business Name: <ul style="list-style-type: none"> ○ Address: ○ Phone: ○ Email: ○ Website:
Hebrew Names	Hebrew Names
<ul style="list-style-type: none"> ○ Yours: ○ Your Mother's: ○ Your Father's: 	<ul style="list-style-type: none"> ○ Yours: ○ Your Mother's: ○ Your Father's:
Circle one: Kohen /Levi /Yisrael /not sure	Circle one: Kohen /Levi /Yisrael /not sure

Children living at home/*College students not living at home:

**We often send emails/holiday packages to college students, so please specify their school mailing and email below*

Name	Hebrew Name (or transliteration)	M or F	Birthdate	College Students School Address	College Student's Email

Will any of your children listed above be attending our religious school? _____yes _____no

○ If no, where do/will they receive their religious education: _____

• **Married/Independent children**

Name	Hebrew Name (Hebrew or transliteration)	M or F	Birthdate

• Please list any of your relatives who currently belong to The Emanuel:

• Indicate your preference for synagogue communication: (circle) **email** **regular mail** **both**
(if applicable, please specify any opt out communication preference _____)

• Prior Synagogue Affiliations (list name of congregation, city, state)

Yahrzeit: For your convenience, we send members annual notification of upcoming anniversary dates of remembrance for your significant relatives. Please list those relatives with dates below; if you do not know the Hebrew date, we can figure it out for you.

Name	Hebrew Name	Relation	English date of death	Time of death	Hebrew date

• Do you currently own cemetery plots? _____yes _____no If yes, where? _____

• Do you wish to discuss purchasing plots in our cemetery at this time? _____ yes _____ no

Activities: Please check all activities of interest below so we may provide you with the appropriate information.

Adult #1(name):	Adult #2(name):
<input type="checkbox"/> Adult Ed <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Choir <input type="checkbox"/> Library <input type="checkbox"/> Adult B'nai Mitzvah <input type="checkbox"/> Minyonaires <input type="checkbox"/> Religious School <input type="checkbox"/> Havurah <input type="checkbox"/> Caring <input type="checkbox"/> Social Justice <input type="checkbox"/> Biblical Garden <input type="checkbox"/> Fundraising <input type="checkbox"/> Music <input type="checkbox"/> Softball <input type="checkbox"/> Golf <input type="checkbox"/> Budget <input type="checkbox"/> Chevra Kadisha <input type="checkbox"/> Cemetery <input type="checkbox"/> Families w/Young Children <input type="checkbox"/> Is there a group you would like to start? _____	<input type="checkbox"/> Adult Ed <input type="checkbox"/> Sisterhood <input type="checkbox"/> Brotherhood <input type="checkbox"/> Choir <input type="checkbox"/> Library <input type="checkbox"/> Adult B'nai Mitzvah <input type="checkbox"/> Minyonaires <input type="checkbox"/> Religious School <input type="checkbox"/> Havurah <input type="checkbox"/> Caring <input type="checkbox"/> Social Justice <input type="checkbox"/> Biblical Garden <input type="checkbox"/> Fundraising <input type="checkbox"/> Music <input type="checkbox"/> Softball <input type="checkbox"/> Golf <input type="checkbox"/> Budget <input type="checkbox"/> Chevra Kadisha <input type="checkbox"/> Cemeter <input type="checkbox"/> Families w/Young Children <input type="checkbox"/> Is there a group you would like to start? _____

Talent/Skill: Have a talent/skill that you would like to share with the synagogue community? Please check those that apply:

Adult #1(name):	Adult #2(name):
<input type="checkbox"/> Teaching <input type="checkbox"/> Marketing/PR <input type="checkbox"/> Writing <input type="checkbox"/> Website <input type="checkbox"/> Graphic Design <input type="checkbox"/> Photography <input type="checkbox"/> Finance <input type="checkbox"/> Ushering <input type="checkbox"/> Leading Services <input type="checkbox"/> Chanting Torah <input type="checkbox"/> <i>Haftarah</i> <input type="checkbox"/> <i>Megilot</i> <input type="checkbox"/> Leadership <input type="checkbox"/> Other Details: _____	<input type="checkbox"/> Teaching <input type="checkbox"/> Marketing/PR <input type="checkbox"/> Writing <input type="checkbox"/> Website <input type="checkbox"/> Graphic Design <input type="checkbox"/> Photography <input type="checkbox"/> Finance <input type="checkbox"/> Ushering <input type="checkbox"/> Leading Services <input type="checkbox"/> Chanting Torah <input type="checkbox"/> <i>Haftarah</i> <input type="checkbox"/> <i>Megilot</i> <input type="checkbox"/> Leadership <input type="checkbox"/> Other Details: _____

- Why did you choose to join The Emanuel? _____
- What are your expectations of synagogue affiliation? _____
- Additional information you wish to share? _____

-----Below must be completed & signed for all NEW members-----
 Please contact us at communications@emanuelsynagogue.org for details on fees.

Enrollment information:

- **Membership category:** _____ **Family ID:** _____ (completed by office)
- **Annual Membership FEES: Dues:** \$ _____ **Capital Improvement:** \$ _____ **Security Fee:** \$ _____
- **Other Fees:**
 - **Building Fund: Total to be paid to Emanuel:** \$ _____ *If applicable, Name of Previous Synagogue:* _____
 - **School fees (If applicable, please include Bar Mitzvah fee in Amount)**
 - √ Child's name: _____ Grade _____ Amount \$ _____
 - √ Child's name: _____ Grade _____ Amount \$ _____
 - √ Child's name: _____ Grade _____ Amount \$ _____

***Total Annual Payment:** \$ _____ ***Completed Payment Arrangement Form Required if not paying in full**

I/we hereby apply for membership in The Emanuel synagogue and agree to abide by its Constitution, By-Laws, payment terms and any resolutions passed at any authorized congregation and/or Board of Trustees meeting. Our fiscal year is July 1 - June 30 year.

Member Name: _____ Spouse/Partner Name: _____

*Member Signature: _____ *Spouse/Partner Signature: _____

Received by (Staff Name): _____ **email confirmation ok*